



REPLY TO  
ATTENTION OF:

DEPARTMENT OF THE ARMY  
THIRD UNITED STATES ARMY  
UNITED STATES ARMY FORCES CENTRAL COMMAND  
COALITION FORCES LAND COMPONENT COMMAND  
1881 HARDEE AVE SW  
FORT McPHERSON, GEORGIA 30330-1064

Third US Army/USARCENT/CFLCC Policy Memorandum SUR-02

AFRD-SURG

15 Feb 06

Expires: 14 Feb 08

MEMORANDUM FOR All Third U.S. Army/USARCENT/CFLCC and Subordinate Command Personnel

SUBJECT: Heat Injury Prevention

1. References. See enclosure 1.
2. Purpose. To provide policy on heat injury prevention, management, treatment, and reporting.
3. Applicability. This guidance applies to all Third US Army/USARCENT/CFLCC personnel and units operating within Kuwait.
4. Background. Heat injuries are the greatest single medical threat to soldiers in the Kuwait area of operations during summer months. Heat injuries are preventable. Leaders must identify heat injury hazards and take appropriate action to reduce or eliminate them. Risk of heat injury is increased by anything that raises body temperature, such as intense or prolonged physical activity, and by anything that interferes with evaporation of sweat, like chemical protective gear, body armor, or a work environment with poor air circulation. Service members who are not acclimated to hot environments are at much higher risk for heat injury.
5. Policy.
  - a. Prevention of Heat Injuries.

(1) The troop medical clinics will monitor the heat category using the wet bulb globe temperature (WBGT) and provide hourly heat index and heat category readings to the camp commandant. Heat index will be monitored at each camp from May through October.

(2) Leaders will conduct a risk assessment in accordance with FM 100-14 and identify mitigating actions to reduce heat stress and prevent heat injuries. In particular weigh carefully the additional risks associated with training un-acclimated personnel in body armor during the heat of the day. Plan carefully for any events involving sequential days of training or activity in the heat.

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SUBJECT: Heat Injury Prevention

(3) Leaders will ensure service members are trained and can identify the signs and symptoms of heat injuries. A quick reference guide can be found at the following website:

[http://www.swa.arcent.army.smil.mil:11111/staff\\_sections/surgeon/08%20preventive%20medicine/03\\_heat%20injury%20prevention/heatriskman%20guide%20apr03\\_4a.ppt](http://www.swa.arcent.army.smil.mil:11111/staff_sections/surgeon/08%20preventive%20medicine/03_heat%20injury%20prevention/heatriskman%20guide%20apr03_4a.ppt)

11111/staff\_sections/surgeon/08%20preventive%20medicine/03\_heat%20injury%20prevention/heatriskman%20guide%20apr03\_4a.ppt.

b. Management of Heat Casualties. Leaders will identify prior heat casualties (heat stroke and heat exhaustion) within their units. Leaders will use any or all of the following means to identify prior heat casualties:

(1) Medical Alert Tag ("Red Dog Tag"). Personnel identified as prior heat casualties (heat stroke and heat exhaustion) will be issued medical alert tags ("red dog tags") stating "HEAT INJURY: HEAT STROKE or HEAT EXHAUSTION" in accordance with AR 40-66.

(2) Red Tape on Kevlar Band or Outer Tactical Vest (OTV). Red tape placed on the helmet band or OTV can be used to identify personnel as prior heat casualties.

(3) Red Tape on Ear Plug Case. Red tape on the earplug case can be used to identify personnel as prior heat casualties.

c. Treatment of Heat Injuries.

(1) Case definitions for heat injury for disease and non-battle injury (DNBI) reporting are included in enclosure 2. These are for medical trend analysis and prevention actions. Heat injuries will be recorded as such on the daily and weekly DNBI reports.

(2) Regardless of severity, a medical officer (physician, physician assistant, nurse practitioner, or Navy independent duty corpsman) must evaluate heat-related injuries. Units are not authorized to return Soldiers to duty following suspected heat injury until a medical officer has examined them and released them back to duty.

(3) All personnel receiving IV fluids must be evaluated by a medical officer prior to returning to duty to determine whether the individual is actually a heat injury or if there is some other medical condition. No more than one IV bag should be administered without consultation from a medical officer. This is to prevent over-hydration and misdiagnosis of a more serious medical condition.

(4) All diagnosed heat casualties (heat stroke and heat exhaustion) will be medically profiled for a minimum of 24-hours of light duty in air-conditioned environment.

d. Heat Injury Reporting.

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(1) Heat stroke (ICD 992) and heat exhaustion (ICD 992.3) are reportable medical events. All suspected heat casualties must be seen by a medical officer (physician, physician assistant, nurse practitioner, or navy independent duty corpsman). The medical officer will complete the CFLCC Reportable Medical Event Form (enclosure 3) and submit it to the 62<sup>ND</sup> Medical Brigade Battle Captain ([medbdebattlecpt@swa.arcent.army.smil.mil](mailto:medbdebattlecpt@swa.arcent.army.smil.mil)) within 24-hours of treatment.


(2) Heat injuries that result in a fatality, permanent or temporary partial disability, or any loss of time from work beyond the day or shift on which it occurred, is a recordable accident. These instances require an accident report in accordance with AR 385-40, paragraph 2-6d or appropriate service regulation. Accident reports will be submitted in accordance with AR 385-40, Chapter 5, Processing and Command Review of Accident Reports, or appropriate service regulation. Copies of accident reports will be submitted to HQ, CFLCC Command Group (Safety), APO AE 09306 or electronically to [safety@arifjan.arcent.army.mil](mailto:safety@arifjan.arcent.army.mil).

6. Point of Contact: For additional information contact the CFLCC-Surgeon Force Health Protection Officer at DSN: 318-430-6313.

FOR THE COMMANDER:

3 Encls

1. References
2. Case Definitions for Heat Injury
3. Regulated Medical Event Form

  
RICHARD P. McEVOY  
Colonel, GS  
Chief of Staff

AFRD-SURG  
SUBJECT: Heat Injury Prevention

## **REFERENCES**

Army Regulation (AR) 40-5, Preventive Medicine, October 1990.

AR 40-66, Medical Record Administration and Health Care Documentation, March 2003.

AR 385-40, Accident Reporting and Records, November 1994.

Field Manual (FM) 4-10.17, Preventive Medicine Services, August 2002.

FM 4-25.12 (21-10-1), Unit Field Sanitation Team, January 2002.

FM 21-10, Field Hygiene and Sanitation, June 2000.

FM 21-20 w/change 1, Physical Fitness Training, October 1998.

FM 100-14, Risk Management, April 1998.

Technical Bulletin Medical (TB MED) 507, Prevention, Training and Control of Heat Injury, March 2003.

MCM-0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, February 2002.

CFLCC Heat Injury Prevention Guide, August 2004.

2005 CFLCC Heat Injury Prevention Message, 041216ZAPR05.

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SUBJECT: Heat Injury Prevention

### CASE DEFINITIONS FOR HEAT INJURY

**Dehydration.** Initial presentation of un-acclimatized service members with inadequate water intake. Patients feel weak, dizzy, like they want to rest or sit down. They may report concentrated or no urine in the past 8-12 hours. There may be tachycardia, though blood pressure will usually be normal (blood-pressure “tilts” have been shown to be of no value and are not necessary for the diagnosis). Patients who are given intravenous fluid should be in this category at a minimum. An evaluation by a medical officer will determine whether the individual should be classified as “heat exhaustion.”

**Heat Cramps.** Brief, recurrent often agonizing skeletal muscle cramps of the limbs and trunk. The cramp is usually preceded by muscle fasciculation and the cramp lasts 2-3 minutes. Cramps tend to be recurrent and may be precipitated by vigorous use of the affected muscle. The cramp produces a hard lump in the muscle.

**Heat Syncope.** Also known as “parade syncope”. Acute fainting that occurs sometimes after prolonged standing and is often associated with hot weather environments. It may occur in patients who are standing still after completing a vigorous activity.

**\*Heat Exhaustion (ICD 992.3).** A clinical spectrum with a wide range of presentations that may include mild to severe symptoms including generalized weakness, fatigue, ataxia, dizziness, headache, nausea, vomiting, malaise, hypertension, tachycardia, muscle cramping, hyperventilation and transient alteration in mental status associated with prolonged. Sweating persists and may be profuse. Contributing factors include dehydration-mediated hypovolemia and peripheral blood pooling (flushing) in dilated and compliant skin. The casualty may become faint and lose consciousness. The blood pressure may be low the body temperature may be elevated or normal and the pupils may be dilated. Inter-current illnesses are common (viral upper respiratory infection) and may precipitate this heat injury.

**\*Heatstroke (ICD 992).** HEATSTROKE IS A MEDICAL EMERGENCY! It is the result of the collapse of the thermal regulatory mechanism. It is the working diagnosis for anyone who has a heat injury and has persistent altered mental status. Early symptoms may include dizziness, weakness, nausea, headache, confusion, disorientation, drowsiness and irrational behavior. The skin may be hot and dry or there may be profuse sweating. The casualty may progress through the symptoms of heat cramps and heat exhaustion with the onset of heatstroke occurring with dramatic suddenness. There may be collapse and loss of consciousness; coma and convulsions may occur. Body temperatures rise to the critical levels above 104 degrees F, and may reach 108 degrees F.

**\* Denotes a Reportable Medical Event.**

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SUBJECT: Heat Injury Prevention

### CFLCC REGULATED MEDICAL EVENT FORM

PATIENT DATA											
LAST NAME				FIRST NAME				MI		GRADE	
FMP				SSN		DATE OF BIRTH		GENDER			
								MALE		FEMALE	
ADDRESS/CAMP/GEO-LOC						COUNTRY			APO AE		
RACE		WHITE		HISPANIC		AM. INDIAN					
		BLACK		ASIAN		OTHER:					
PATIENT CATEGORY*		Unit (Unit, HQ, Higher HQ)									
		Unit Location (closest town)									
		Duty Phone (DNVT, DSN, TAC, etc)									
DISEASE DATA											
DIAGNOSTIC CODE ICD9		DIAGNOSIS						ONSET OF SYMPTOMS			
CONFIRMED		METHOD OF CONFIRMATION				ADMITTED		DATE OF ADMISSION			
YES		CLINICAL		BIOPSY		YES					
NO		CULTURE		SEROLOGY		NO					
PENDING		SLIDE		OTHER:							
PERTINENT TRAVEL		PERTINENT TRAVEL LOCATIONS									
YES		1.				3.					
NO		2.				4.					
MALARIA CHEMOPHROPHYLLAXIS				YES		TYPE OF MALARIA CHEMOPHROPHYLLAXIS					
				NO							
MEDICATION AND SUPPLEMENTS											
COMMENT (Note if Eye Protection, Hearing Protection, Gloves, Helmet or Ballistic protection worn, Note if SAPI plate failed)											
HEAT OR COLD INJURIES											
WBGT READING				AMBIENT TEMP				PREVIOUS HEAT OR COLD INJURY		YES	
HEAT CAT				WIND CHILL						NO	
ACTIVITY AT TIME OF INJURY											
REPORTING SOURCE											
HEALTH CARE PROVIDER								REPORTED TO		YES NO	
PHONE NUMBER								UNIT COMMANDER			
REPORTING MTF								MED BDE			
MTF CAMP / LOCATION								CFLCC-SURG			

FILENAME: CFLCC\_RME\_LASTNAME\_LAST4SSN\_ICD9CODE\_REPORTDATE

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**DEPARTMENT OF THE ARMY**  
COALITION FORCES LAND COMPONENT COMMAND  
UNITED STATES ARMY FORCES CENTRAL COMMAND  
THIRD UNITED STATES ARMY  
APO AE 09306

REPLY TO  
ATTENTION OF:

Third US Army/USARCENT/CFLCC Policy Memorandum 04-74 (Change 1)

AFRD-DCS

20 April 2005  
Expires: 31 March 2007

**MEMORANDUM FOR ALL COALITION FORCES LAND COMPONENT COMMAND  
(CFLCC) PERSONNEL**

**SUBJECT: CFLCC Heat Injury Prevention Policy**

1. References. See enclosure 1.
2. Purpose. To provide CFLCC policy on heat injury prevention, management, treatment, and reporting.
3. Applicability. This guidance applies to all personnel and units operating within Kuwait.
4. Background. Heat injuries are the greatest single medical threat to soldiers in the Kuwait area of operations during summer months. Heat injuries are preventable. Leaders must identify heat injury hazards and take appropriate action to reduce or eliminate them. Risk of heat injury is increased by anything that raises body temperature, such as intense or prolonged physical activity, and by anything that interferes with evaporation of sweat, like chemical protective gear, body armor, or a work environment with poor air circulation. Service members who are not acclimated to hot environments are at much higher risk for heat injury.

5. Policy.

a. Prevention of Heat Injuries.

(1) The troop medical clinic will monitor the heat category using the wet bulb globe temperature (WBGT) and provide hourly heat index and heat category readings to the camp commandant. Heat index will be monitored at each camp from May through October.

(2) Leaders will conduct a risk assessment in accordance with FM 100-14 and identify mitigating actions to reduce heat stress and prevent heat injuries. In particular weigh carefully the additional risks associated with training unacclimated personnel in

body armor during the heat of the day. Plan carefully for any events involving sequential days of training or activity in the heat.

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SUBJECT: CFLCC Heat Injury Prevention Policy (Change 1)

(4) All diagnosed heat casualties (heat stroke and heat exhaustion) will be medically profiled for a minimum of 24-hours of light duty in air-conditioned environment.

d. Heat Injury Reporting.

(1) Heat stroke (ICD 992) and heat exhaustion (ICD 992.3) are reportable medical events. All suspected heat casualties must be seen by a medical officer (physician, physician assistant, nurse practitioner, or navy independent duty corpsman). The medical officer will complete the CFLCC Reportable Medical Event Form (enclosure 3) and submit it to the 62<sup>ND</sup> Medical Brigade Battle Captain ([medbdebattlecpt@swa.arcent.army.smil.mil](mailto:medbdebattlecpt@swa.arcent.army.smil.mil)) within 24-hours of treatment.

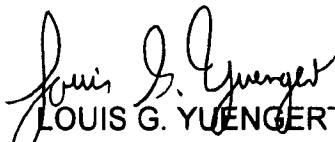
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6. Point of Contact: For additional information contact MAJ Bosetti, CFLCC-Surgeon Force Health Protection Officer at DSN: 318-430-6313, [timothy.bosetti2@arifjan.arcent.army.mil](mailto:timothy.bosetti2@arifjan.arcent.army.mil) (NIPR) or [timothy.bosetti@swa.arcent.army.smil.mil](mailto:timothy.bosetti@swa.arcent.army.smil.mil) (SIPR).

FOR THE COMMANDER:

3 Encls

1. References
2. Case Definitions for Heat Injury
3. Regulated Medical Event Form

  
LOUIS G. YUENGERT  
Colonel, GS  
Deputy Chief of Staff

AFRD-DCS

SUBJECT: CFLCC Heat Injury Prevention Policy (Change 1)

## **REFERENCES**

1. Army Regulation (AR) 40-5, Preventive Medicine, October 1990.
2. AR 40-66, Medical Record Administration and Health Care Documentation, March 2003.
3. AR 385-40, Accident Reporting and Records, November 1994.
4. Field Manual (FM) 4-10.17, Preventive Medicine Services, August 2002.
5. FM 4-25.12 (21-10-1), Unit Field Sanitation Team, January 2002.
6. FM 21-10, Field Hygiene and Sanitation, June 2000.
7. FM 21-20 w/change 1, Physical Fitness Training, October 1998.
8. FM 100-14, Risk Management, April 1998.
9. Technical Bulletin Medical (TB MED) 507, Prevention, Training and Control of Heat Injury, March 2003.
10. MCM-0006-02, Updated Procedures for Deployment Health Surveillance and Readiness, February 2002.
11. CFLCC Heat Injury Prevention Guide, August 2004.
12. 2005 CFLCC Heat Injury Prevention Message, 041216ZAPR05.

ENCLOSURE 1

### **CFLCC CASE DEFINITIONS FOR HEAT INJURY**

**Dehydration.** Initial presentation of unacclimatized service members with inadequate water intake. Patients feel weak, dizzy, like they want to rest or sit down. They may report concentrated or no urine in the past 8-12 hours. There may be tachycardia, though blood pressure will usually be normal (blood-pressure "tilts" have been shown to be of no value and are not necessary for the diagnosis). Patients who are given intravenous fluid should be in this category at a minimum. An evaluation by a medical officer will determine whether the individual should be classified as "heat exhaustion."

**Heat Cramps.** Brief, recurrent often agonizing skeletal muscle cramps of the limbs and trunk. The cramp is usually preceded by muscle fasciculation and the cramp lasts 2-3 minutes. Cramps tend to be recurrent and may be precipitated by vigorous use of the affected muscle. The cramp produces a hard lump in the muscle.

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**\* Denotes a Reportable Medical Event.**

AFRD-DCS

SUBJECT: CFLCC Heat Injury Prevention Policy (Change 1)

**CFCC REGULATED MEDICAL EVENT FORM**

PATIENT DATA											
LAST NAME				FIRST NAME				MI		GRADE	
FMP		SSN		DATE OF BIRTH		GENDER					
		-				MALE		FEMALE			
ADDRESS/CAMP/GEO-LOC				COUNTRY				APO AE			
RACE		WHITE		HISPANIC		AM. INDIAN					
		BLACK		ASIAN		OTHER					
PATIENT CATEGORY*		Unit (Unit, HQ, Higher HQ)									
		Unit Location (closest town)									
		Duty Phone (DNVT, DSN, TAC, etc)									
DISEASE DATA											
DIAGNOSTIC CODE ICD9		DIAGNOSIS						ONSET OF SYMPTOMS			
CONFIRMED		METHOD OF CONFIRMATION				ADMITTED		DATE OF ADMISSION			
YES		CLINICAL		BIOPSY		YES					
NO		CULTURE		SEROLOGY		NO					
PENDING		SLIDE		OTHER							
PERTINENT TRAVEL		PERTINENT TRAVEL LOCATIONS									
YES		1.				3.					
NO		2.				4.					
MALARIA CHEMOPHROPHYLAXIS		YES		TYPE OF MALARIA CHEMOPHROPHYLAXIS							
		NO									
MEDICATION AND SUPPLEMENTS											
COMMENT		(Note if Eye Protection, Hearing Protection, Gloves, Helmet or Ballistic protection worn, Note if SAPI plate failed)									
HEAT OR COLD INJURIES											
WBGT READING				AMBIENT TEMP				PREVIOUS HEAT OR COLD INJURY		YES	
HEAT CAT				WIND CHILL						NO	
ACTIVITY AT TIME OF INJURY											
REPORTING SOURCE											
HEALTH CARE PROVIDER						REPORTED TO		YES		NO	
PHONE NUMBER						UNIT COMMANDER					
REPORTING MTF						MED BDE					
MTF CAMP / LOCATION						CFLCC-SURG					

FILENAME: CFLCC\_RME\_LASTNAME\_LAST4SSN\_ICD9CODE\_REPORTDATE

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ENCLOSURE 3